N96000005993

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bu	usiness Entity Name)	
(Document Number)		
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SECRETARY OF STATE

LACION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Lynnwood Homeowners Association, Inc.

Name of Corporation

DOCUMENT NUMBER: 1

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelly Moran

Name of Contact Person

Resource Property Management

Firm/Company

7300 Park Street

Address

Seminole, FL 33777

City/State and Zip Code

kmoran@resourcepropertymgmt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Moran

,727

796-5900

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327 - -

Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

-	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida	
<u> </u>	er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: Lynnwood Homeowners Association, Inc.	
2. The principal	office address: 7300 Park Street Seminole, FL 33777	
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 11/25/1996 Document number: N96000005993	
	d street address of the current registered agent and registered office on file with the rtment of State; (If resigned, enter resigned)	
	Terra Management Services, LLC	
	14914 Winding Creek Court	
	Tampa, FL 33613	
6. The name an (if changed):		
	Dan Greenberg	
	Cianfrone, Nikoloff, Grant & Greenberg, PA	
	P.O. Box NOT acceptable 1964 Bayshore Blvd, Dunedin, FL 34698	
The street addr	μΩ	100 A
Such change w	ress of its registered office and the street address of the business office of its registered agent, ill be identical. vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	Si 22 -
Down	Tresident David Roots Tresident David Roots Prince of Arrothicer or director.	786 7837 18 40 A
perjormance o agent. Or, if <u>t</u> i	of the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete If my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I in that the corporation has been notified in writing of this change.	TATE
<u></u>	egnature of Registered Agent	
If signing on b	chalf of an entity:	
* > ~	1 /	